



# City of Chandler Parks and Recreation Division

## Special Olympics/Activity Registration Form

***This form must be completed and returned with payment before the first day of the sport/activity.***

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ If uniform is needed, what is your size? shirt \_\_\_\_\_ shorts \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Emergency Phone# \_\_\_\_\_  
Allergies, medications, or other emergency information: \_\_\_\_\_  
\_\_\_\_\_

Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no  
Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no  
Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no  
Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no  
Activity: \_\_\_\_\_ Activity Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Van: yes no  
Total Enclosed: \_\_\_\_\_

### **HOLD HARMLESS AGREEMENT**

In consideration of any services and the use of City of Chandler facilities during year round program activities offered by the Chandler Therapeutic Recreation program, the participant agrees to the following:

1. I agree to indemnify and hold harmless City of Chandler, its officers, agents, representatives, officials and employees from and against any all claims, costs, demands, expenses (including attorney's fees), losses, damages, injuries, and liabilities arising from any accident, death, or injury whatsoever or however caused to any person or property because of, arising out of, or related to my participation in programs offered by the Chandler Therapeutic Recreation Program. It is understood that such indemnity shall survive the termination of this agreement.
2. I authorize the staff of the City of Chandler Community Services Department and other contracted authorized personnel to secure any needed medical assistance in case of an emergency, illness or accident, and understand that personal insurance or immediate payment is required and that I will be responsible for prompt payment of all charges. I release the City of Chandler from any liability for such costs. Participant will not participate in any activities advised against by his or her physician and agrees to seek medical advice before participating in any activity about which participant has some concern.
3. I do hereby authorize the use and reproduction of any photographs/videos of myself or family member by the City of Chandler Recreation Division for the purpose of program promotion, publicity or other media sources.

\_\_\_\_\_  
Parent, legal guardian, or participant (if over 18)

\_\_\_\_\_  
Date

Please return registration form to:  
Chandler Parks and Recreation  
Attention: Therapeutic Recreation Program  
Mail Stop 501, PO Box 4008  
Chandler, AZ 85244-4008